

## MEDICAL INSURANCE SPECIALIST SERIES

<b>Code No.</b>	<b>Class Title</b>	<b>Occ. Area</b>	<b>Work Area</b>	<b>Prob. Period</b>	<b>Effective Date</b>
4581(3291)	Medical Insurance Specialist I	04	445	6 mo.	10/31/02
4582(3291)	Medical Insurance Specialist II	04	445	6 mo.	10/31/02
4583(3291)	Medical Insurance Specialist III	04	445	6 mo.	10/31/02
4584(3291)	Medical Insurance Specialist IV	04	445	6 mo.	10/31/02
2424(2420)	Medical Insurance Manager	03	445	6 mo.	10/31/02

### *Promotional Line: 270*

#### Series Narrative

This series is designed for employees who examine and analyze itemized hospital bills, and take the appropriate action to correct or edit these bills. The procedures followed include the preparation of billing forms for presentation to third party payers or the preparation of vouchers for the direct payment of bills. The third party payers include Blue Cross, Public Aid, Medicare, state, federal and local agencies and other commercial insurance carriers. In addition, Specialists may investigate and identify potential sources of payment for indigent patients. Medical Insurance Specialists may supervise lower level Specialists and related support staff assigned to the billing or claims processing process.

Medical Insurance Specialists typically:

- review itemized charges, bills or personal data forms for accuracy and/or completeness, and make the necessary corrections
- complete insurance claim forms based on the data that is provided on itemized bills, claim worksheets or hospital admissions records, which requires the identification and interpretation of the information to be coded and recorded on the claim forms
- correct or edit insurance claim forms based on verbal or written communication with third party payers
- review payment records and post or adjust records as required
- make inquiries of and respond to a variety of questions from physicians, patients, insurance companies, government representatives and related interested parties

#### DESCRIPTION OF LEVELS OF WORK

##### **Level I: Medical Insurance Specialist I**

**4581(3291)**

Medical Insurance Specialist Is function in a training capacity and are assigned the non-complex types of third party payers and self-pay accounts. Employees at this level function under direct supervision.

A Medical Insurance Specialist I typically –

1. identifies and takes the necessary action to complete various types of non-complex third party payer or invoice vouchers as required by the insurance carriers
2. posts and adjusts the financial account files for each person utilizing the services of the institution
3. for supervisor's review, codes procedure(s) performed according to standard codes, which may require the interpretation and selection of the codes provided by the insurance carrier
4. for supervisor's review, reviews and analyzes itemized bills or non-complex claim forms for consistency, i.e., services rendered by the physician or hospital are compatible with the diagnosis or treatment, and investigates discrepancies in order to determine the appropriate course of action required to accurately complete the billing procedure
5. reviews, identifies, and analyzes sources of potential reimbursement for indigent patients
6. responds to a variety of questions from physicians, patients, hospitals, insurance companies, government agencies and related interested parties concerning the status of medical bills
7. corresponds with insurance companies, government agencies and persons utilizing the services of the facility as required to identify, collect and analyze the information to properly complete the more simple claim forms for reimbursement from the various agencies
8. performs other related duties as assigned

**Level II: Medical Insurance Specialist II****4582(3291)**

Medical Insurance Specialist IIs independently submit or take the necessary action to complete the various types of routine insurance claim forms and/or are responsible for taking the necessary action to complete one type of the more complex claim forms, such as the coordination of benefits between two or more third party payers. Employees at this level may train lower level staff members. Employees at this level function under general supervision.

A Medical Insurance Specialist II typically –

1. identifies, analyzes and takes the necessary action to complete all types of the non-complex or one type of the more complex third party payer forms or invoice vouchers required by insurance companies and government agencies
2. posts and adjusts the financial files for persons utilizing the services of the facility
3. interprets standard, established codes provided by the various agencies or insurance companies, codes procedures according to these interpretations
4. reviews and analyzes itemized bills or claim forms for consistency, i.e., insures services rendered by physician or hospital are compatible with the diagnosis or treatment, and investigates discrepancies in order to determine the appropriate course of action required to accurately complete the billing process
5. trains lower level Medical Insurance Specialists and related support staff

6. reviews, identifies, and analyzes sources of potential reimbursement on multiple insuring coverage accounts for indigent patients
7. responds to a variety of questions from physicians, hospitals, government agencies, insurance companies and related interested parties concerning the status of insurance claims
8. corresponds with insurance companies, government agencies and persons utilizing the services of the facility as required to identify and collect the information required to complete the claim forms for the reimbursement from the various agencies
9. performs other related duties as assigned

**Level III: Medical Insurance Specialist III****4583(3291)**

Medical Insurance Specialist IIIs either supervise Medical Insurance Specialist I and II's and related clerical employees when coding procedures are required and/or independently takes the necessary action to complete all types of complex insurance claim forms requiring coding and serves as the resource specialist within the unit for lower level Specialists and related clerical staff. Employees at this level work closely with other supervisors to determine the day-to-day priorities and procedures, and to maintain a high level of integrity within the unit. Employees at this level function under general supervision.

A Medical Insurance Specialist III typically –

1. takes the necessary action to complete all types of complex insurance claim forms, in addition to assisting with the lower level work
2. responds to a variety of questions of lower level Specialists and related clerical support concerning the proper action to be taken to properly complete insurance claim forms
3. assists in the interviewing, hiring, training, evaluating, rewarding and disciplining of lower level staff members
4. reviews and analyzes the insurance processing procedures in order to identify potential problems areas and develop a more streamlined processing procedure, which will increase the efficiency of the unit and maintain a high level of integrity within the unit
5. composes activity reports for the manager, considering the total volume of the unit
6. assists in the preparation of the billing unit's budget
7. acts as liaison with patients, physicians, hospitals, insurance companies, government agencies and related interested parties regarding the sensitive disposition of problem claim reimbursements
8. performs other related duties as assigned

**Level IV: Medical Insurance Specialist IV****4584(3291)**

Medical Insurance Specialist IVs plan, implement and revise the policies, methods and procedures of an operation responsible for the preparation of bills for persons utilizing the services of the facility. Employees at this level function under administrative direction.

A Medical Insurance Specialist IV typically –

1. selects, trains, and supervises subordinate staff members; evaluates the work performance of subordinates and takes the appropriate disciplinary action as required
2. develops, implements, interprets, revises and enforces facility policies and procedures concerning the billing for facility services
3. determines procedures to be followed in atypical circumstances
4. is responsible for the compliance of operations with all required accounting and auditing procedures, either through personal performance or the supervision of assigned subordinates
5. advises and consults campus personnel or related individuals on billing or claims processing
6. determines adequacy of billing or claims processing procedures
7. devises, revises or is responsible for the maintenance of records or record systems
8. prepares reports as required
9. corresponds with or makes personal calls regarding the sensitive disposition of problem claim reimbursements
10. conducts unit staff meetings
11. performs other related duties as assigned

**Level V: Medical Insurance Manager****2424(2420)**

Medical Insurance Managers assist in planning, development and management of policies regarding manual and electronic claims processing, invoice follow-up and cash management. Employees at this level function under administrative direction.

A Medical Insurance Manager typically—

1. plans, organizes and controls all assigned functions
2. assists in managing staff and staff workload
3. conducts periodic reviews of business functions, both internal and external to the agency
4. coordinates activities with external claims processing entities
5. performs contract compliance reviews

6. may develop Requests for Proposal and Requests for Information for Services
7. writes requests for proposals and contracts for claims processing and eligibility services
8. develops systems procedures and trains staff
9. prepares written correspondences to insurance companies, attorneys and patients to resolve disputes
10. interprets federal, state and agency rules and regulations
11. assists in developing and implementing policies and procedures
12. researches and resolves complex insurance claim issues
13. conducts quality control reviews to ensure quality claim processing
14. performs other related duties as assigned

MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO:

**Level I: Medical Insurance Specialist I**

**4581(3291)**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Six months experience within an insurance environment

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. Ability to add, subtract, multiply and divide whole numbers, decimals and percentages.
2. Knowledge of English grammar and sentence structure, and the ability to use this knowledge in composing correspondence or carrying on conversations.
3. Ability to read and comprehend complex instructions.
4. Ability to perform statistical typing.
5. Ability to comprehend working relationships with patients, physicians and staff.

**Level II: Medical Insurance Specialist II**

**4582(3291)**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Six months experience within an insurance environment
2. One year of experience in processing medical insurance claims comparable to experience gained as a Medical Insurance Specialist I

## PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. Familiarity with medical terminology.
2. Ability to code difficult medical procedures.
3. Ability to identify and react to sensitive issues.

**Level III: Medical Insurance Specialist III****4583(3291)**

## CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Six months experience within an insurance environment
2. Two years of experience comparable to that gained as a Medical Insurance Specialist II

## PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. Familiarity with medical terminology.
2. Ability to code difficult medical procedures.
3. Ability to identify and react to sensitive issues.

**Level IV: Medical Insurance Specialist IV****4584(3291)**

## CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Six months experience within an insurance environment
2. (A) Five years of experience in processing medical insurance claims, including at least two years comparable to that gained at the third level of this series, one year of which was in a supervisory capacity  
  
or  
  
(B) Thirty-six semester hours of college credit for course work in finance, accounting, business administration and/or business management **AND** two years of billing or claims processing experience, one of which was in a supervisory capacity  
  
or  
  
(C) Any combination of education and experience as defined above which totals five years, provided that it includes two years of billing or claims processing experience, one of which was in a supervisory capacity. (College course work must be evaluated on the basis of one semester hour of credit being equivalent to one month in computing combinations of education and experience as provided above.)

## PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. Familiarity with medical terminology.
2. Supervisory ability.
3. Managerial ability.
4. Ability to identify and react to sensitive issues.
5. Ability to communicate effectively with others.

**Level V: Medical Insurance Manager****2424(2420)**

## CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Six months experience within an insurance environment
2. (A) Seven years of experience in processing medical insurance claims, including at least two years comparable to that gained at the Medical Insurance Specialist IV and two years of work experience in a supervisory capacity

OR

- (B) Bachelor's degree in finance, accounting, business administration and/or business management AND three years of billing or claims processing experience, two of which was in a supervisory capacity

OR

- (C) Any combination of education and experience as defined above which totals seven years, provided that it includes three years of billing or claims processing experience, two of which was in a supervisory capacity as described in the narrative of this series

## PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. Extensive knowledge of medical insurance claims processing
2. Familiarity with medical terminology
3. Knowledge of federal, state and local laws and regulations regarding insurance claims processing
4. Managerial ability
5. Ability to identify and react appropriately to sensitive issues
6. Ability to communicate effectively with others

Medical Insurance Specialist I .....	Revised
Medical Insurance Specialist II .....	Revised
Medical Insurance Specialist III .....	Revised
Medical Insurance Specialist IV .....	Revised
Medical Insurance Manager .....	New